NORFOLK COUNTY COUNCIL.

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR

1922.

PART I.

16TH ANNUAL REPORT

OF THE

School Medical Officer

BY

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STATISTICAL SUMMARY.

LOCAL EDUCATION AUTHORITY: NORFOLK COUNTY COUNCIL.

Area of Administrative County (excluding King's Lynn)		1,303,570 acres
Assessable Value of County for Special Purposes		£1,515,904
Population of County, Census 1921 (apart from Norwich, Yarmouth and King's Lynn, which have separate Education Authorities		315,394
Education Rate, 1922-23—	1d. Rate producing	
Elementary 1/5	for Elementary Education	£6,316
Higher ... 2½d.	for Higher Education	£6,679
Average Number of Children on the Registers of the Public Elementary Schools in the Administrative County of Norfolk during the year 1922		47,122
Average Attendance		41,082
Number of Elementary Schools under the Education Authority		490

The Shirehouse,
Norwich,
February, 1923.

I have the honour to submit herewith my Report as S.M.O. on the work of Medical Inspection and matters ancillary thereto during the year 1922.

1. **Staff.** The Medical Staff remained the same with one exception throughout the year, Dr. H. S. Bryan being appointed Assistant S.M.O. in September, 1922, in the place of Dr. Susan S. Bryce (resigned). The *Dental* Staff remained the same throughout the year. Among the Staff of School Nurses there were 5 resignations, Nurses Hannant, Large, Vickers, Jessop and Ross being replaced by Nurses Wellsted, Marshall, Farley, Grimmer and Walker. The Clerical Staff remained unchanged.

In addition to the whole time Clerical Staff under the S.M.O., Mr. Bacon, Superintendent of School attendance, of the Secretarial Staff, works in close co-operation with the Medical Officer's Staff in connection with School Attendance, the School Nurses being also School Attendance Officers.

2. **Clinics.**

MINOR AILMENTS.—Clinics were held weekly at North Walsham, Fakenham, Wells, East Dereham, Walsoken, and Wymondham.

154 REFRACTION CLINICS for estimating errors of vision and the prescribing of glasses were held at 97 centres.

DENTAL CLINICS are held in the Dental Vans, which are fitted up both for Inspection and Treatment. At some Schools, such as North Walsham, the Clinic Huts are sometimes utilised for dental cases, particularly when extractions are done under a general anæsthetic. (Further details are given later.)

3. **Local Care Committees.** In many instances useful and enthusiastic work is performed. Naturally, in the larger Schools there is more scope for the energies of members. In many of the Schools the Head Teacher is the only active member. A great deal depends on what the Assistant S.M.O. finds at medical inspection and records in the Medical Log Book. Arrangements are in force for the School Doctors to meet members of the Local Care Committees at the end of the inspection to discuss any necessary action in individual cases. At Sheringham the After Care Committee of the Social Service League acts as the Local Care Committee.

4. **Supervision of the School Medical Service.** This continued on the same lines as mentioned in my last report. The weekly programme of work of each Officer is formulated in the School Medical Officer's Office, so that on any date visits of supervision may be made. In addition, members of the Medical Staff, the Dental Staff, and the Nursing Staff are in turn summoned in conference to the Central Office, an agenda being prepared, matters of administration gone into, and opinions and discussions invited, with a view to securing uniformity and "esprit de corps." Members of the Medical Inspection Committee may attend these conferences. As regards treatment

by practitioners in connection with the Voucher Scheme, the S.M.O. has arranged for information to be given to him as to the time and place of treatment so that, if practicable, he may be present.

5. **Arrangements with Hospitals.** As before, with the exception that during the year the Norfolk and Norwich Hospital ceased direct arrangements with the Education Committee.

6. **Co-ordination.** The S.M.O. being also C.M.O. and Supervising Tuberculosis Officer, co-ordination is effected with the public health authorities. All children with tuberculosis, or suspected to be tuberculous, are referred to the Tuberculosis Officers for further examination (and if necessary treatment under the County Tuberculosis Scheme). In the same way, were it necessary, co-ordination would be effected under the Venereal Diseases Scheme. As regards district nurses, now that there are ten whole time School Nurses, who are also Attendance Officers, there is little scope for them in connection with routine medical inspection, but cases requiring nursing at home can be referred to them by members of Local Care Committees.

7. **School Hygiene.** The years of strain and stress since the war began and ended have militated against many necessary improvements and alterations. The urgent cry for economy limits the resources of the Authorities, but as each year passes, matters in most cases naturally go from bad to worse. Many schools are tending to become more un-hygienic for lack of the wherewithal to deal immediately with all the Schools requiring attention. As is often the case—ruthless economy often defeats its own ends, and eventually involves increased expenditure, affording further illustrations of repeated experiences which in the long past gave rise to the old "penny wise—pound foolish" and "a stitch in time saves nine" proverbs. Still it has to be recognised that the burden of rates and taxes weighs particularly heavy on many just now.

Any special reports made by the Assistant S.M.O's. on un-hygienic conditions at Schools are referred by me to the Secretary, and I confer occasionally with the Committee's Building Inspector, who is indefatigable. I am indebted to him for the following list of improvements effected during the year. The New School at Rollesby was greatly needed—though it cannot be denied that the ancient building which has hitherto done duty as a School has seen useful service, and though very worn and out-of-date in appearance, I have never had occasion to condemn it as an actual source of danger.

The Playgrounds in Rural Schools generally leave much to be desired. It is, I think, worth consideration whether it might not be possible to provide more "playing fields" by public or private enterprise.

List of Improvements, etc., to Schools during year 1922, from 1st April to 31st December.

NEW SCHOOLS.—Rollesby.

STRUCTURAL ALTERATIONS.—Bunwell (Offices), Walpole St. Andrew (Offices), Wretton (Offices), Kenninghall (House), Walpole Cross Keys (House).

LIGHTING AND VENTILATION.—Watton Hut, Buxton.

DRAINAGE AND LAVATORIES.—Beetley, Bilney and Pentney, Bressingham, Little Ellingham, East Runton, East Ruston, Thetford, Walpole Highway, Wretton.

HEATING.—Wells.

PLAYGROUNDS.—Attleborough, Brinton, Little Ellingham, Marsham, Southery, Thetford Boys.

RENOVATIONS WERE ALSO CARRIED OUT TO:—31 Provided Schools, 29 Non-Provided Schools, 26 Teacher's Houses.

8. **Medical Inspection.**

(*a*) Children for routine Medical Inspection are grouped according to the age-limits fixed by the Board of Education. These age-groups are given in Table I. Entrants include children of 3, 4, 5 and 6 years of age, and such children of other ages as may have escaped Medical Inspection at an earlier age for any reason. At all these sub-group "Code" ages the "group" of entrants numbered considerably fewer than in the previous year. This, of course, is mainly due to the continued reduced birth-rate, particularly between 1916 and 1919, during the War. From a birth-rate of about 21 before the War, the birth-rate dropped to 15.6 in 1917 and has only gradually risen to approximately the pre-War level in 1921. Briefly; there was a shortage of nearly 4000 children born in the three years, 1917-18-19. This reduction is clearly in evidence in the number of children of 3, 4 and 5 years who were presented for Medical Inspection. The biggest reduction in the group of "Entrants" is among the "5 year" and "other age" sub-groups. There were upwards of 700 fewer children of 5 years, and about 1400 fewer children of other ages in the "Code" group of Entrants medically inspected than in 1921. The low birth-rate of 1917 is reflected among the present 5 year old children. The reduction in the "other age" sub-group is probably largely due to the exertions of the School Medical Inspectors in the two preceding years, in "mopping up" the "leakage" which was inevitable when there were no Medical Inspectors through War exigencies.

It will be seen from the Table (I.) that a total of 13,698 underwent routine medical inspection, an additional 2,111 were seen as "Special" Cases, while a further 8,427 found defective at previous medical inspections were re-examined, making a grand total of 23,766 children individually medically inspected, whether as "routine" or "special." This means that practically every other child on the Registers was seen. In addition to this large numbers of children—often a whole department, or even a whole School—are medically inspected by myself in the course of the year in connection with the investigation of outbreaks of infectious diseases.

(*b*) The Board's Schedule was fully followed.

(*c*) Early Ascertainment of Crippling Defects. I noted in my last report how such cases are ascertained before School age. They are entered up in a Register. The Register shows that in the Administrative County of Norfolk we know of 58 children under 15 years of age with tuberculous defects, and of 124 children under 15 with other than tuberculous defects. Roughly one-third of the latter are due to Poliomyelitis—popularly known as Infantile Paralysis. A recent report to the London County Council indicates that much could be done to ameliorate some of these conditions in adequate orthopaedic hospitals. A few years ago I brought before the Medical Inspection Committee the offer of a suitable home at Sheringham for some of these cases—but many would first require skilled orthopaedic treatment. An institution such as at Alton—well equipped and presided over by a skilled Orthopaedic Surgeon—with arrangements for a hospital School—is needed in practically every county to meet the demands of severely crippled children.

(*d*) As previously noted, small schools with only one class-room must suffer from some disturbance of the usual school arrangements on the day of medical inspection—but such disturbance rarely affects more than one session.

9. **Findings of Medical Inspection.** (Table II.)

(*a*) MALNUTRITION. 136 children out of 13,698 (or about 1 per cent.) were referred for treatment in 1922. These are the best figures yet recorded, and are eloquent as to the bettered conditions for agricultural children for a few previous years; but I fear that with the recent fall in labourers' wages this improvement will not be maintained in 1923.

(*b*) UNCLEANLINESS. This term covers "pediculosis" or lousiness of head or body. 1.2 per cent. of routines were referred for treatment for uncleanliness of head, and a similar percentage required to be kept under observation. About 1 in every 300 "routines" inspected were referred for treatment for "uncleanliness" of the body, and nearly twice as many were under observation. The improved standards of cleanliness have been maintained by the continuous efforts of School Nurses, aided by the Teachers, and by increased prosecutions for absence occasioned by uncleanliness. But there are still some families who are almost "impossible."

(*c*) SKIN DISEASES. There was a continued diminution in the number of cases of *Ringworm* found among "routines," which is evidence in favour of the scheme which permits attendance of such cases at School. Further particulars are given later. *Scabies* and *Impetigo* were also less in evidence.

(*d*) EYE AFFECTIONS. 203 children were referred for treatment for Blepharitis. Of these, 171 were noted in the Lynn area of medical inspection by Dr. Sexton. This is the area where also most cases of uncleanliness are found on medical inspection, though not in the same proportion. Thirty-two cases in the rest of the County Administrative Area is a very small number, and is testimony to greater cleanliness.

(*e*) DEFECTIVE VISION. · 530 children under routine inspection were referred for treatment, another 356 to be kept under observation. In other words less than 4 per cent. of the "routines" were recommended for treatment for defective vision. Amongst the entrants only 63 were referred for treatment, and 64 for further observation. There is reason to think that in one area there should have been more cases referred for treatment.

(*f*) EAR AFFECTIONS. Only one "routine" child was referred for treatment on account of *Defective Hearing*; two others for observation. For *Otitis Media* only four children for treatment, and 43 for other Ear Diseases. The numbers recorded are small.

(*g*) AFFECTIONS OF NOSE AND THROAT. 184 "routines" were referred for treatment for Enlarged Tonsils, 25 for Adenoids and 50 for Tonsils and Adenoids.

In some of my former reports and elsewhere I have urged that Tonsils should be recommended for treatment only when chronic enlargement is obvious, and that gargling with simple saline solution will often effect great improvement in other cases. The School Medical Inspectors agree that many children found with Enlarged Tonsils at one inspection are greatly improved at the next. Many Enlarged Tonsils are due to irritating infective matter from carious teeth, and clearly attention should be focussed on the teeth rather than on the Tonsil in these cases. The decline in the number of Enlarged Tonsils referred for treatment is partially due no doubt to the dental provision made for Elementary School children by the Education Committee, and is at any rate one of the items of evidence in favour of a wise expenditure on dental treatment.

(*h*) Heart and Lung Affections (not including Tuberculosis). The numbers recorded are inconspicuous and do not call for any special comment.

(*i*) Tuberculosis. Only one case of definite Pulmonary Tuberculosis was found among the "routines," but 36 "suspects" were referred for treatment and observation. As regards non-Pulmonary Tuberculosis, 16 cases were referred for treatment (glands 11, osseous 1, skin 1, other forms 3). All suspected children are referred to the Tuberculosis Branch of the Public Health Department, as well as those definitely diagnosed.

(*j*) Affections of the Nervous System and (*k*) Deformities were small in numbers. A special register of all such cases is kept.

10. **Dental Defects.** Inspection is carried out by 4 Dentists, each provided with an equipped dental van. The total number of children inspected in 1922 was 18,270, the results being duly noted on special dental cards. Of these, no fewer than 14,287 (upwards of 78 per cent.) were referred for treatment. Parents consent having been obtained, 6,274 received treatment under the Local Education Authority's Scheme; 3,261 being re-treated as the result of periodical examination. The Scheme was outlined in my last report (1921). Treatment generally immediately follows inspection at each School, the dental van being fitted up as a clinic. Altogether 10,114 attendances were made by children at the dental clinics. In addition to a very large number of necessary extractions when teeth were past saving, 5,125 fillings were effected. General anæsthetics were administered on 96 occasions.

The parents of 3,520 children inspected for the first time declined treatment, and the parents of 4,496 declined treatment after re-examination.

11. **Infectious Diseases.** The methods of obtaining information, and the general action taken in respect of such information, has been more or less fully detailed by me in previous reports. Close co-operation is maintained with the District Medical Officers of Health, who in respect of infectious diseases notifiable under the Notification Acts issue Exclusion Certificates and Return-to-School Certificates, when they are satisfied that the children may safely do so, the forms of certificates being supplied by the Education Authority. As the usual average time of exclusion becomes due the S.M.O. reminds the local M.O.H. of the Return-to-School Certificates, if necessary. When the S.M.O. considers it necessary to visit a School in connection with infections disease he always invites the co-operation of the District M.O.H. Closure of Schools (or Departments) as a necessary public health measure

was effected on 230 occasions under Article 45 (B). Influenza accounted for 148 of these for a brief period (generally 1 to 3 weeks). Whooping Cough and Measles were more in evidence than in 1921, but Diphtheria less so.

CLOSURES UNDER ARTICLE 45 (B).

Closed on advice of S.M.O.	226
,, ,, of District M.O.H. with subsequent approval of S.M.O.	4
Total	230

(This total includes 21 closures of Departments only.)

No schools were closed under Article 57.

Diseases responsible for school closure were:—Measles 25, Diphtheria 3, Influenza 148, Scarlet Fever 8, Whooping Cough 34, Mumps 9, Mixed Infections (coughs, colds, sore throats, etc.) 3.

9,466 children were temporarily excluded or re-excluded under Art. 53 (B) on account of infectious complaints.

12. **Co-operation of Parents.** The following percentages of parents availed themselves of the opportunity of being present at the Medical Inspection of their children during 1922.

Entrants, 60.5 per cent. Leavers, 35.9 per cent. 8-9, 47.5 per cent. Other age groups, 44.39 per cent.

When parents do not attend they are informed in writing as to any defects, and members of Local Care Committees interview them. They have become accustomed to the routine.

13. **Co-operation of Teachers, School Attendance Officers & Voluntary Bodies.** I have nothing to add to the deservedly appreciative remarks in former Reports.

14. **Blind, Deaf, Defective, and Epileptic Children.** Ascertainment of defect continues. Children ascertained to be incapable by reason of mental defect of profiting by instruction in special schools are certified to the Local Control Authority for custodial care. Fifty places are reserved for Norfolk children at the East Anglian School, at Gorleston, for the Blind and Deaf.

15. **Medical Treatment.** *Review of the Medical Services used or available for the treatment of Defects in School Children, apart from treatment directly provided by parents.*

The Education Committee have arranged with a certain number of general practitioners in the County, who have satisfied the School Medical Officer as to experience in the special class of work, to undertake refraction work for the prescribing of spectacles. There is also a panel of experienced practitioners for the operative treatment of tonsils and adenoids. Four Ophthalmic Surgeons also undertake more difficult refraction work at a somewhat higher fee, and any case of special difficulty is referred to one of them. The whole-time School Medical Officers, *at School Clinics*, also do refraction work and superintend the treatment of minor ailments carried out by the School Nurses. (For ascertained results see "Work of School Nurses" and Tabular Statement below). The operative treatment of Tonsils and Adenoids is by agreement also undertaken at the West Norfolk and Lynn Hospital at King's Lynn, and the Jenny Lind Hospital, Norwich.

Payment by Voucher for these services (outside those rendered by the School Medical Staff whose duties on appointment include such services) is by agreed fee (approved by the Board of Education). The Voucher ensures that the cases have been recommended for treatment by the School Medical Staff.

The Public Health Committee undertakes the provision of treatment for cases of Tuberculosis among School children under the County Tuberculosis Scheme.

Work done under above arrangements in 1922.

Vouchers issued:—	Refraction Work.	Operations T's & A's.	Minor Ailments.
General Practitioners ...	126	96	—
Specialists (Ophthalmic) ...	80	—	—
Hospitals	—	29	—
Whole-time Medical Officers	759	—	1618
Totals	965†	125‡	1618*

†22 Vouchers still outstanding.

‡42 Vouchers still outstanding.

*In addition to cases treated at the Clinics, 3000 children were treated by the School Nurses in the Schools or at the homes of the children.

Eye Clinics for Defective Vision. (1). During 1922, 154 Refraction Clinics were held by the School Medical Staff at 97 centres.

At these there were examined by retinoscopy and prescriptions for glasses were issued	753
Number of spectacles provided	715

(2). Vouchers for prescriptions of glasses by specialists and approved private practitioners as per scheme—

Number of vouchers issued (January—December) ...	205
,, Glasses provided	164
,, Not recommended for glasses	25
,, Glasses provided upon prescription by a private doctor	9

Operations for Tonsils and Adenoids. During the calendar year 1922, operations in hospitals were performed on 34 children, so far as returns have been received. Undoubtedly a larger number were treated at the Norfolk and Norwich Hospital and the Jenny Lind Hospital under the Contributory Scheme. Particulars of these cases will be ascertained when the children are re-examined during 1923.

Ninety-six vouchers were issued for operations by approved practitioners in accordance with the Authority's scheme.

At the West Norfolk and Lynn Hospital 24 other children attending Elementary Schools in the County were operated upon, though these were not referred for treatment as a result of School Medical Inspection.

TUBERCULOSIS. Children with definite or suspected Tuberculosis were referred to the Tuberculosis Officer for special examination. Six children were receiving Sanatorium Treatment as definite or suspected cases of Tuberculosis requiring such treatment on January 1st, 1922. Forty-one more such cases were admitted to Sanatoria during the year, 7 of these being Non-Pulmonary Tuberculosis. Thus 47 children (23 boys, 24 girls) had Institutional Treatment during the year. In addition, 79 children (34 Non-Pulmonary) were under domicilary treatment. In 8 of the cases in Institutions the disease was "arrested" or "cured," and in 10 others their condition is reported as "improved." There were no deaths among those receiving Institutional Treatment.

With regard to those receiving Domiciliary Treatment, which include cases too advanced for Sanatorium Treatment, the disease was "arrested" or "cured" in 2 cases. Four deaths (3 Pulmonary) occurred.

On December 31st, 1922, there were remaining in Institutions 28 children (3 Non-Pulmonary), and 75 children (34 Non-Pulmonary) were under Domiciliary Treatment. These figures include all children with *suspected* as well as definite Pulmonary Tuberculosis. Although Sanatorium Treatment is expensive, I am of opinion that the money is well spent in *preventing* the onset of definite clinical tuberculosis in many of these cases, and gives the children a better chance when they return to their homes, which in many instances are unsuitable for delicate children. The housing of the people is a difficult problem, especially in these days. Even many of the houses erected under the Government Scheme have small rooms without fireplaces. Larger rooms at less expense and with free ventilation might have been provided at the psychological moment by conversion of the numerous army hutments when so many of the population were accustomed to living in them. If open-air shelters are good for weaklings, they cannot be anything but good for the healthy to keep them healthy. As regards new Schools, too, the nearer approach we can make to the Open-air School the better for all children. Warmth can be maintained by extra clothing and food, and by exercises or play every half-hour. In this way both physical and mental culture could be improved. Young children learn better if studies are not too prolonged, with frequent intervals for exercise (preferably outdoor). Teachers also could accommodate themselves to altered conditions. Less money would be spent on bricks and mortar, and perhaps a little more on asphalted playgrounds (and playing fields) and clothing and food. At the present time children, often poorly fed and inappropriately clothed (often too many garments) with defective footwear, have to sit for the best part of two hours in winter with cold wet feet in in rooms at a temperature under 50 degrees F. in many Schools. Is it to be wondered at that catarrhs are common, and that the children are too miserable to fully benefit by the instruction given?

Ringworm. Nearly every Annual Report, which I have submitted for the past 14-15 years, has had some paragraphs dealing with Ringworm. I would specially refer to my Reports for 1911 (pages 33 to 35), 1913 (page 33), 1914 (page 33), 1915 (page 15).

The chief object in view in our Scheme is to *prevent* the spread of this disease. This is effected by entangling the spores of the parasite when they are shed in a greasy antiseptic ointment, which prevents them being scattered into the air. This is fortified by the use of a linen or cotton cap, which covers the whole hairy scalp. At the same time a germicide which is incorporated in the ointment, prevents the spores from sprouting. By these means not only are other children saved from contamination, but the child itself is protected from new centres of infection on its own scalp.

In 1914, when Dr. Daukes joined our Staff, I asked him to give special attention to our Ringworm Regulations, and he reported that "so efficient has this been that I have been unable to trace a single secondary case in any School where the rules have been followed."

Our experience is that Ringworm is generally introduced into a school by an infant already infected before enrolment on the school register.

As to the general incidence of Ringworm among school children, comparable figures (since medical inspection was re-constituted after the War) may be given for each year by comparing the percentage of affected children among children undergoing routine medical inspection each year:—

1920.	1921.	1922.
0.69 per cent.	0.34 per cent.	0.19 per cent.

These figures speak as to the efficacy of our Scheme in preventing spread, because these figures include all the Entrants, which are the chief source of origin. Thus in 1922, no less than half the total number of cases referred for treatment were found among "Entrants," and all the rest, with the exception of one solitary case, were among children who were "Entrants" a year or so previously.

16. **Work of School Nurses.** Ten School Nurses are employed directly by the Education Committee. Approximately 9/10th of their time is devoted to medical work, the remaining 1/10th being occupied with attendance duties.

(*a*) Surveys of Children for Uncleanliness.

Number of visits to Schools	3163*
Average number of visits made to each School visited	5.7
Total number of Children examined	137,905
Number of individual Children found unclean (i.e., vermin or nits)	5669
Number of Children excluded at the Nurse's visits ...	773
Number of "Final Warning" letters sent to parents...	196
Number of homes visited	740

Result of "following up"—

Clean	1562
Improved	3677
Unsatisfactory	144

*Includes 1398 complete surveys of all children in School.

In 47 Schools, on 68 occasions, all the children were found quite clean, i.e., free from nits as well as from live vermin. The above figures show more work and improved results as compared with the previous year.

VERMINOUS PROSECUTIONS. Seventy prosecutions for absence occasioned by uncleanliness were taken under the Attendance Bye-Laws. Fines amounting to £20 15s. were inflicted, viz:—

£1	15/-	10/-	7/6	7/-	6/6	5/-	3/4	2/6	Case adjourned
4	1	14	2	1	2	15	3	24	4

There was a considerable increase in the number of prosecutions, the Committee deciding to leave no stone unturned in promoting cleanliness. It is hoped that this may lead to older persons in families who are responsible for re-infection getting rid of these vermin

(*b*) MINOR AILMENTS.

(i.) TREATED AT SCHOOL CLINICS. Clinics have been held weekly throughout the year at the six centres authorised by the Board of Education. An Assistant School Medical Officer attends once a month and supervises the work of the School Nurse, who attends weekly. The following is a summary of the work performed at the six equipped Clinics:—

Disease.	Number of *Individual* Children Treated.	RESULT OF TREATMENT. Number Cured.	Number still to Attend.	Total Attendance at Clinic.
Impetigo	292	274	18	548
Scabies	28	26	2	72
Ringworm—Scalp ...	49	40	9	381
,, Body ...	33	31	2	47
Other Skin Diseases ...	192	181	11	761
Minor Injuries ...	288	282	6	400
Discharging Ears ...	29	22	7	313
Other Ear Diseases ...	32	31	1	50
Blepharitis	65	47	18	277
Conjunctivitis ...	13	12	1	54
Other Eye Diseases ...	66	61	5	81
Miscellaneous ...	531	477	54	1493
Total ...	1618	1484	134	4477

On the average each child attended about 3 times, but naturally the attendance varied considerably for individual children according to the nature of the ailment. The attendance at each Clinic averaged 7 new cases per session. This is almost more than we anticipated. The results generally appear to justify the establishment of the Clinics.

(ii.) TREATED IN SCHOOLS OR AT HOME. The equipped School Clinic hutments at present only serve the Schools in the small towns in which they have been erected. Children in other Schools are followed up by the School Nurses (and where necessary treated) at their own Schools or in their homes. During the year the following cases have been dealt with:—

Disease.		Number of Children followed up.	Disease.		Number of Children followed up.
Impetigo ...	...	196	Minor Injuries	...	138
Scabies ...	...	61	Ear Disease ...	...	43
Ringworm—Scalp	...	301	Eye Disease ...	...	137
,, Body	...	34	Miscellaneous ...	...	21

This section of the work of the School Nurses, and the preceding section reviewing the Medical Services available, show that considerable provision is made for dealing with *Tonsils and Adenoids*, *Tuberculosis*, *Minor Ailments*, *Skin Diseases*, *External Eye Diseases* and *Vision* Errors, and *Ear Disease*, in connection with School Medical work.

17. **Crippling Defects.** Tuberculous cripples are referred to the Tuberculosis Officer for treatment under the County Scheme. Urgent cases due to other causes are referred to the chief hospitals in the county.

18. Physical Training.

I have prepared a précis of the Report of the Organizer of Physical Training, which shows 288 visits to Schools and 902 demonstrations. Seventy-eight Schools were visited for the second time, but owing to change of Staff the demonstrations were in some fifty cases given as on a first visit. The P.O. noted a distinct improvement in the Physical and Recreational Training at these 78 Schools.

Teachers' Classes were conducted at Norwich, King's Lynn and North Walsham.

Centre.		No. Attending.		No. of Lessons.
Norwich (2nd Class)	...	39	...	12
King's Lynn ...	...	35	...	12
North Walsham	...	37	...	12

Pupil Teachers' Classes were held at Downham Market, East Dereham, Melton Constable, Fakenham, and Norwich, and 56 lessons given. Stress was laid on Team Work. Those attending the classes were enthusiastic and the results highly satisfactory.

Commenting on *Accommodation*, the P.O. again mentions (1) the unsatisfactory condition of many *playgrounds*, (2) the lack of floor-space for indoor work in many *Schoolrooms*, (3) the unsuitability of *numerous desks*, (4) the scarcity of *games material* (which in some Schools has been remedied by the organisation of social amusements—devoting the proceeds to the purchase of material), (5) *unsuitable clothing* of some children, and (6) the small percentage of Schools with *playing fields*.

The above are drawbacks to the advancement of Physical Training.

Many Teachers still comment adversely on the Daylight Saving Bill. (Fuller details are given in the Annual Report of the S.M.O. for 1921.)

As regards the lack of adequate nutrition in some cases, I agree with the P.O. that physical exercises will be of little or no use for mal-nourished children.

The P.O. contrasts the advantages which Urban children have over Rural children in opportunities for play and recreation in competition.

Comparing the sexes, he finds generally that the girls appear to be more alert and energetic than the boys in competitive team work. Infants appeared to be brighter and less nervous than in 1921.

The P.O. endeavours to assist School medical inspection by reminding the teachers to be observant as to any physical defects of the children, and to bring such cases to the notice of the School Medical Inspectors.

All over the County there are now Inter-School and District Leagues for football, hockey, cricket, etc., inducing a healthy competitive spirit.

When visiting Schools a second time, the P.O. is satisfied that every effort is being made to further the physical welfare of the children, and bears testimony to the help given by the Pupil Teachers who have been instructed, as well as to the cordial co-operation of the Teachers generally.

19. **Secondary Schools** (including P.T. Centres).

Inspections were made of Entrants, Leavers, and Intermediate Groups. 591 Entrants (246 boys, 345 girls), 189 Leavers (46 boys, 143 girls), and 300 others (58 boys, 242 girls) received Routine Medical Inspection, while 16 girls were seen as "Specials," and 104 boys and 240 girls were re-examined. In all 1157 individual children were inspected, as compared with 746 in 1921.

As was the case last year, Defective Vision was the commonest defect, 37 "routines" and 2 "specials" being referred for treatment, while another 16 were required to be kept under observation on account of the defect. Twenty other conditions of the Eye were noted, 11 of which were referred for treatment. As regards *Ear Defects,* 3 cases of defective hearing were noted, 1 being referred for treatment, as were 4 cases of other Ear Disease. Seventeen cases of defects of the Nose and Throat (13 for Enlarged Tonsils) were referred for treatment. As regards *Anæmia,* 5 "routines" and 2 "specials" were referred for treatment. One "routine" and 2 "specials" were referred for treatment in connection with Lung Affections other than Bronchitis or Tubercular Disease. *No* cases of Tuberculosis of any kind were found, and only 3 cases of deformity, which were neither Rickets nor Spinal Curvature. Apart from 4 cases of uncleanliness of the head, no skin defects were found.

As regards Dental Disease, the Secondary Schools are not inspected by the School Dentists. The Medical Inspectors' examinations showed 528 children with defective teeth, of these 174 were advised to have treatment. Of the 1080 children who underwent Routine Medical Inspection, if defective teeth are omitted, 91, or rather less than 9 per cent. were referred for treatment, and 34 others were required to be kept under observation. We have at present no record as to how many of those referred for treatment, received treatment, but at future re-examinations such cases will be duly noted.

20. **Miscellaneous Work.** Sixty-eight swabbings of throats or noses in connection with control of infectious disease were examined. Three hundred and thirty-two specimens of hair were examined for ringworm, of which 222 were positive. (These of course included re-examinations).

One hundred and thirty-three condidates for the teaching profession were examined and reported upon, as well as 32 Supplementary Teachers and 16 candidates for Nursing Scholarships.

21. Exclusion of Children.

(*a*) Statement of Number of Children, including Contacts, temporarily Excluded and Re-excluded from School during 1922.

Infectious Diseases—

Diphtheria	116	Influenza	1960
Mumps	933	Coughs and Colds	649
Chicken Pox	721	Sore Thoats	168
Scarlet Fever	276	Whooping Cough	1634
Measles	376	German Measles	11
Erysipelas	1	Rash	17

Contagious Affections—

		Scabies	139
Ringworm of Scalp (until rules are complied with)	158	Ringworm (body)	5
Pediculosis	853	Impetigo	318

Other Diseases (generally from Certificate issued by Family Doctor)—

		Deformities	6
Lung Affections (not tubercle)	162	Jaundice	12
Tuberculosis—Pulmonary*	35	Rheumatism	14
,, Non-Pulmonary	42	Chorea	34
Tonsilitis	54	Anæmia	52
Epilepsy	13	Debility (General)	127
Pneumonia	11	Otorrhœa	12
Heart Disease	14	Gastritis	10
Eye Affections	18	Other Affections	515

*Includes 25 Suspected Cases.

(*b*) Particulars of Permanent Exclusions issued in 1922.

Mental Deficiency	2	Appendicitis	1
		Unstable Nervous System	1
Lung Affections (not tubercle)	3	Debility	2
Epilepsy	7	Diabetis	2
Tuberculosis—		Heart Disease	3
Pulmonary	4	Physically Defective	2
Pre-tubercular	4	Hœmaturia	1
Other	6	Blind	1
Anæmia	3	Deaf	1
Eye Disease	1	Cerebellar Tumour	1
Menorrhagia	1		

Total Permanent Exclusions during the year—46.

THE NORMAL AND ABNORMAL CHILD, PARTICULARLY IN REGARD TO MENTALITY.

As it seems probable that financial exigiencies will not only delay the opening of the old Swaffham Workhouse as a Special School for Mentally Defective Children, but may result in its being disposed of, the following remarks may be useful before any decision is come to as to future provision for mentally defective children.

The introduction of a scientific system in the study of individual children is a necessity to arrive at any proper grouping or modification of curriculum and methods of teaching to suit the requirements of each group. This means a foundation of education on physiological facts, taking into account the development of brain and nervous system. Medical inspection should be utilised to define the various groups and then the matter should be pressed logically to make appropriate provision for such groups. Defective children might be grouped somewhat as follows, leaving out of account the Blind and Deaf, and Cripples, who require special institutional treatment:—

(1) Normal intelligence—but unsuited for ordinary school by physical defect (chorea, delicate, heart disease, high myopia, etc.).

(2) Backward children.

  (*a*) Intelligent—but not up to "average" because of some defect causing irregular attendance, or mental development retarded.

  (*b*) Dull—due to physical or mental defects or both combined (malnutrition, adenoids, mental retardation, word-blind, word-deaf, and causes given under (1) and (2) (a).

(3) Feeble-minded.

(4) Imbecile and Idiot.

(5) Epileptic.

The Remedies for (1) and (2) are open air, hygiene, modified curriculum, special schools or auxiliary classes. By some such system it would be possible to differentiate cases definitely feeble-minded among the backward children which are not obviously so at a first examination, and these would then be transferred to the class of (3) feeble-minded for admission to centres of instruction of the mentally defective, while children merely "word-deaf" or "word-blind" because of defects in some small area of the brain would be saved from being classified with mental defectives and moral imbeciles.

FEEBLE-MINDED, as defined by the Royal Commission on the Care and Control of the Feeble-minded are persons who may be capable of earning a living under favourable circumstances but are incapable from mental defect existing from birth or early age, (a) of competing on equal terms with their normal fellows; or (b) of managing themselves and their affairs with ordinary prudence. As regards *children*, a *negative* definition is given in the Elementary Education (Defective and Epileptic Children) Act, 1899, "not being imbecile and not merely dull or backward, are by reason of mental (or *physical*) defect incapable of receiving proper benefit from the instruction in the ordinary public Elementary Schools, but are not incapable by reason of such defect, of receiving benefit from instruction in such special classes in Schools as are in this Act mentioned." When sufficient provision is made for the three classes—dull and backward, feeble-minded, and imbecile—there will be but little practical difficulty: but prolonged observation is necessary in some cases to determine the right classification of some children. While doubt existed the child would be classified in that class which more nearly approached the normal.

Causes of Mental Deficiency. It is not yet possible to accurately determine the parts played by heredity and environment respectively; but such evidence as exists points clearly to the importance of heredity. There is increasing justification for the view that the essential factor in the production of feeble-mindedness is an inherent predisposition to mental defect. Is there any reason to suppose we can successfully attack the causes of neuropathic inheritance in view of the fact that we are practically ignorant of such causes apart from syphilis? The only hope appears to lie in endeavouring to secure for successive generations prolonged wholesomeness of environment with attention to mental and physical hygiene, in addition to colonisation or sterilisation of degenerates.

It is for the Medical Staff to determine on the diagnosis of mental defect, a matter in many cases of considerable difficulty, the most constant sign probably being inability to concentrate. Often a correct estimation of the mental condition cannot be arrived at until opportunities are afforded of watching a child over a considerable period of time, particularly in regard to children under seven years of age.

Treatment. A mentally deficient child will always be mentally deficient in spite of special schools, whether day or residential, in which of course the methods and traditions of the ordinary school are entirely out of place. The object of the special school in to endeavour to secure such useful individual development of each child as its degree of mental defect may permit. In view of heredity it is obviously of supreme importance that every avenue should be explored to prevent mentally defectives when grown up from procreating their stock. For this reason the Residential Home *with power to retain for life*, offers the best advantages as at the Colony at Sandlebridge, Cheshire, where on an estate of 100 acres, separate provision is made for (1) young boys; (2) older boys; (3) young men; (4) young girls; (5) older girls. The education is largely manual training, the adolescents spending their whole time in farm and garden, and making a substantial contribution to the cost of their maintenance. As regards detention, there is not so much difficulty as was anticipated, the mentally deficient remaining childlike, so that properly handled there is little difficulty in respect of detention. Moreover, even under good surroundings the tendency is for a large proportion of the feeble-minded to die comparatively young. The Cheshire Institution would appear to be a model scheme for the feeble minded at every stage, and probably well worth the attention of the Education Committee in conjunction with the Mental Deficiency Committee, when finances permit of the question being re-opened.

Too much attention is sometimes given to the power of feeble-minded children of doing school work, which is about the least important part of their training. Simple tasks to train the senses are more important, so that mental defectives may be able to turn to useful work in farm, garden, roads or housework, even though they are unable to make the least progress in ordinary school work.

Anything short of a scheme like the above which will provide for *life-long supervision* in suitable environments of mentally-deficient persons will not in my opinion be really worth the money spent.

The Mental Deficiency Act provides for notification by an Education Authority to the Authority responsible for administering the Mental Deficiency Act, but as each Authority is actually one and the same, co-operation in a well considered scheme for life-long supervision is essential if the money spent by an Education Committee on Special Schools is to be well spent.

A Register is kept of mentally abnormal children, differentiating as far as is possible the various grades of mental deficiency, bearing in mind that prolonged observation may alter the classification of some cases as indicated above.

J. T. C. NASH,

School Medical Officer.

ADDENDA.

The Assistant School Medical Officers were invited during the year 1922 to pay special attention to (1) jaw deformities; (2) dull and backward children; it being understood that backwardness due to physical defects, such as defective sight or hearing, was to be eliminated.

Dr. Sexton thinks the commonest jaw deformities are (1) narrowing and increase of height of the palatal arch; (2) undue prominence of the incisor teeth—the first being generally associated with mouth breathing due to nasal obstruction, the palatal arch improving in younger children when the obstruction (e.g., enlarged Tonsils and Adenoids) is removed and nasal breathing re-established; and the latter with the use of "comforters" and too much soft food in infancy—being apparently more common in children whose parents show evidence of being over-solicitous.

Dr. Margaret Hammond reports on dull and backward children, and has formed the impression that they are chiefly the product of a long-continued stock which by reason of its mode of life has developed definitely bovine characteristics, and is consequently tardy in development; and that consequently a child who seems hopelessly dull at school may in later adolescence develop powers of reasoning and observation never credited in the school. Their powers of manual work are often considerably in advance of their intellectual attainments and should be encouraged. Their qualities are negative rather than positive, and they are as a rule amenable to school discipline.

The School Dentists were also asked to report on jaw deformities.

Mr. J. Nixon, L.D.S., as the result of his observations, has not met with any outstanding case of excessive under development, although a larger number of children have jaws inclining slightly towards the small side. He has found in a certain number of cases a tendency towards the laterally contracted or V-shaped arch, but only one or two cases of the saddle-shaped arch, in which the pre-molars are displaced lingually, due probably to very early extraction of the deciduous molars permitting the 6-year-old molars to encroach on the space probably belonging to the pre-molars.

The sub-normal development of the jaws mentioned he would think are probably due to the lack of functional activity from a very early age, induced by the use of "dummies" and bottle feeding, and later by the use of soft foods. Muscular activity is necessary in the development of the jaw bone, and children fed on soft foods are not given full opportunity of so exercising their jaws.

Mr. Nixon came across only one case of cleft palate, and in this case the deformity had already been remedied by operation. The child showed a sound denture in respect of caries at the time (age 8-9), but irregularity is bound to occur in the future owing to the limited space available for the, at present, un-erupted teeth. Many cases of irregularity being merely due to the retention of temporary teeth are remedied at once by extraction. Among the older children some exceptionally good mouths were noted.

Mr. Cairns, L.D.S., finds the high narrow palate with contracted arch and protruding upper front teeth usually associated with past or present nasal obstruction, and is in agreement with the general opinion that undersized jaws may be due to lack of growth caused by insufficient mastication. In children of the poorest classes where fare is hard and rough he finds fewer bad-shaped jaws and the teeth more free from caries.

Mr. Millican, L.D.S., points out that deformity of the jaws may be taken to mean deformity of the palate, and that mandibular deformity usually follows as a mechanical result. Jaws may be normal, contracted, congenitally deformed, malformed by heredity or by traumatism. Abnormalities are chiefly caused by nasal obstruction influenced by locality, congenital or hereditary reasons, lack of care and common sense on the part of the parents, and vicious habits (thumb sucking, comforters, etc.) The extent of deformity varies from a normal U-shape to a contracted V-shape. In contracted arches the teeth are crowded and often unclean.

Mr. Millican's observations are gathered from inspections of Norfolk school children east of a line from Hunstanton to Redenhall. As regards *locality*, he finds a large percentage of abnormal jaws in damp and low-lying places where the soil consists of clay, marl, or other impervious beds. Such localities lead to catarrhs and nasal obstruction which it is generally agreed are likely to lead on to mal-development of the floor of the nose and roof of the mouth. Unless shown how, children do not efficiently clear the nostrils of collected mucus. This causes mouth breathing, which is aggravated by enlarged tonsils and adenoids. Children born and living on high sites or on the sea front are distinctly more free from nasal obstruction and consequent narrowed palatal arches, though some may have jaw deformity from vicious causes such as thumb sucking and comforters. Mr. Millican has observed a strikingly high percentage of narrow arches among children in villages lying near the broads and rivers or in low altitudes lying on clay, and my own observations show that in such localities a large percentage of children have more or less nasal obstruction from hypertrophy of the mucous membrane covering the septum and turbinate bones in the nose. There are two villages only 3 miles apart. One lies in a valley on clay traversed by a river, the other is on a high cliff by the sea. A much larger proportion of jaw deformity is found in the first village. Such is the kind of evidence adduced by Mr. Millican that dampness of locality plays an important part in jaw deformity, and this no doubt chiefly because of the influence damp sites have on the general health, leading to catarrhs, enlarged tonsils, hypertrophied nasal mucus membrane, etc. The advantage to a physician [and incidentally to his patients] of a wide knowledge of natural phenomena is evidenced by Mr. Millican's observations, based largely on an acquaintance with geology. He has tried while carrying out oral inspections in Norfolk to compare jaw deformities with geological conditions since March, 1920. At first he was working in the West of Norfolk, and later was transferred to the East, so that his observations are particularly interesting and valuable, and I shall therefore quote a portion of his report in full, as the evidence tends to show that approximately from 5 to 10 per cent. of jaw deformity may with reason be attributable to the effect of locality. Mr. Millican says:—

> "The examination of a geological map will shew that Norfolk is divided into two main sections of geological formation along a line drawn roughly from Weybourne (near Sheringham) through Corpusty, Reepham, Attlebridge, Wreningham, etc., to Bungay. That is, in a North and South line.
>
> "On the West of this line is found the chalk; on the East is found a series of strata called the Norwich Crag. The western boundary of the cretaceous strata (chalk) is approximately a line drawn from King's Lynn to Stoke Ferry. In the eastern portion, the Norwich Crag is only interrupted by alluvial beds of clay and gravel deposited by the rivers Yare, Thurne, Bure, Ant, etc.
>
> "The chalk is a pervious rock capable of good drainage.
>
> "The Norwich Crag consists of alternate laminations of sands, clays and pebbly gravels, and is therefore (on account of the clays) impervious or not always capable of good natural drainage.
>
> "I have noticed a striking difference in the number of cases shewin jaw deformity in children living on the East side of the Weybourne—Bungay line to that on the West side. A higher percentage of abnormality is found on the former side.
>
> "The following table will show roughly my observations:—

WESTERN PORTION—

	Altitude, feet above s.l.	Geological formation.	Percentage of abnormal palates.
Wm.	100	Chalk	under 15 per cent.
S.	197	Chalk	under 15 ,,
Wt.	200	Chalk	under 15 ,,
Fm.	185	Chalk	under 10 ,,
Hh.	126	Chalk	under 12 ,,
Ed.	261	Chalk	under 10 ,,

EASTERN PORTION—

Lm.	44	Norwich Crag (Clay)	over 20 ,,
L.Pd.	117	Norwich Crag (Clay)	over 20 ,,
Ln.	50	Norwich Crag (Clay)	over 20 ,,
Sm.	137	Norwich Crag (Gravel)	under 20 ,,
Hn.	25	Norwich Crag (Clay)	over 20 ,,
Bn.	30	Norwich Crag (Clay)	over 20 ,,

"The Norwich Crag only outcrops in the western portion in one place, and covers about 3 square miles. It is curious, but I can remember that most of the children living in this section shew abnormal palates.

"The above observations are of course approximate, as I did not examine all the children present in each school, although I made a rough examination of the majority of them, including elder children, for reasons of personal interest in this subject.

"These observations were quite sufficiently careful to arrive at reasonably accurate statistics."

As regards heredity, Mr. Millican argues with cogency that cases may be put down to heredity which are perhaps really due to other causes, such as locality, if a child passes through early childhood in a damp locality.

As regards lack of care and common sense on the part of parents in respect of improper clothing, unwise feeding, insufficient rest, etc., these play an important part in making children subject to catarrh and consequent contraction of the palate.

As regards *vicious habits,* such as thumb sucking and the use of comforters, all well-instructed Infant Welfare Centres and Health Visitors try to impart knowledge to parents as to the evil effects. All the School Dentists and Dr. Sexton make reference to this. The action is mechanical, drawing the superior incisor alveolar ridge forward, spreading out the incisor teeth in a fan-like manner but not necessarily producing deformity of the dome of the palate: an ugly deformity, however, is caused by the protrusion of the upper incisors. It is to be hoped that the efforts made by Health Visitors in connection with maternity and child welfare will reduce the numbers of this kind of deformity—but it is difficult to induce some parents to discard comforters.

A few cases of cleft palate and harelip, which are *congenital* defects, are seen, but they are rare.

Mr. Millican observes that cases of deformity due to trauma and specific disease are unknown to him in this county. This bears out my experience as Medical Officer of Health for Norfolk for over 15 years—that Syphilis is infrequent in Norfolk.

I think Mr. Millican's valuable observations justify placing the probable causes of jaw deformity in Norfolk in the following order of precedence:—(1) Locality; (2) Habits (comforters and thumb sucking); (3) Ignorance or poverty or lack of common sense on the part of parents; (4 and 5) Heredity and congenital causes.

TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1922, TO 31st DECEMBER, 1922.

A.—Routine Medical Inspection.

	Entrants.					
Age	3	4	5	6	Other Ages.	Total.
Boys	138	461	1073	272	365	2309
Girls	133	345	1059	262	332	2131
Totals ...	271	806	2132	534	697	4440

	Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
Age	8	12	13	14			
Boys	2211	1893	232	11	235	4582	6891
Girls	2145	2075	234	20	202	4676	6807
Totals ...	4356	3968	466	31	437	9258	13698

B.—Special Inspections.

	Special Cases.	Re-examinations (*i.e.*, No. of Children Re-examined.)
Boys	1049	8427
Girls	1062	
Totals ...	2111	8427

C.—Total Number of Individual Children Inspected, whether as Routines or Specials.

No. of Individual Children Inspected.
23,766

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1922.

Defect or Disease.	Routine Inspections.		Specials.	
	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	136	26	15	2
Uncleanliness—				
Head	159	163	29	5
Body	32	53	3	1
Skin—				
Ringworm—				
Head	24	13	7	4
Body	3	2	1	...
Scabies	30	1	19	...
Impetigo	39	1	24	1
Other diseases (non-Tubercular) ...	...	...	...	...
Eye—				
Blepharitis	203	2	56	1
Conjunctivitis	8	1	5	...
Keratitis	...	...	..	...
Corneal Ulcer	...	...	4	1
Corneal Opacities	1	...	...	..
Defective Vision	530	356	88	68
Squint	14	13	2	1
Other Conditions	8	4	1	1
Ear—				
Defective Hearing	1	2	1	1
Otitis Media	4	2	2	...
Other Ear Diseases	43	7	17	1
Nose and Throat—				
Enlarged Tonsils	184	287	44	64
Adenoids	25	49	3	7
Enlarged Tonsils and Adenoids ...	50	68	14	10
Other Conditions	163	237	32	67
Enlarged Cervical Glands (non-Tubercular)	41	18	15	3
Defective Speech	5	11	3	2
Teeth—Dental Diseases	See	Table IV.	D.	
Heart and Circulation—				
Heart Disease:				
Organic	1	6	...	...
Functional	12	37	2	2
Anaemia	110	11	24	2

TABLE II.—RETURN OF DEFECTS (*continued*).

Defect or Disease.	Routine Inspections.		Specials.	
	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis	22	5	7	1
Other non-Tubercular Diseases ...	15	21	13	2
Tuberculosis—				
Pulmonary:				
Definite	1	...	1	...
Suspected	27	9	17	1
Non-Pulmonary:				
Glands	11	...	2	...
Spine	...	1	...	..
Hip	...	....	2	1
Other Bones and Joints	1	1	1	...
Skin	1	...	...	1
Other Forms	3	...	1	..
Nervous System—				
Epilepsy	...	3	5	4
Chorea	2	1	2	..
Other Conditions	3	2	3	2
Deformities—				
Rickets	4	3	1	...
Spinal Curvature	1	...	1	...
Other Forms	26	8	6	1
Other Defects and Diseases	157	100	122	66

Number of Individual Children having Defects which required Treatment or to be kept under observation	... 3732	923	Total 4655

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1922.

			Boys.	Girls.	Total.
Blind (including partially blind) within the meaning of the Elementary Education (Blind & Deaf Children) Act, 1893.		Attending Public Elementary Schools	...	...	...
		Attending Certified Schools for the Blind	7	2	9
		Not at School	...	2	2
Deaf and Dumb including partially deaf) within the meaning of the Elementary Education (Blind & Deaf Children) Act, 1893.		Attending Public Elementary Schools	2	1	3
		Attending Certified Schools for the Deaf	19	17	36
		Not at School	...	4	4
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools	86	40	126
		Attending Certified Schools for Mentally Defective Children	...	...	...
		Notified to the Local Control Authority by Local Education Authority during year	...	...	...
		Not at School	32	26	58
	Imbeciles.	At School	1	1	2
		Not at School	25	11	36
		Notified during 1922	3	1	4
	Idiots.	Total Notified	9	8	17
		Notified during 1922	3	...	3
Epileptics.		Attending Public Elementary Schools	21	21	42
		Attending Certified Schools for Epileptics	...	...	...
		In Institutions other than Certified Schools	...	...	...
		Not at School	9	8	17
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools including suspected cases	4	2	6
		Attending Certified Schools for Physically Defective Children	15	16	31
		In Institutions other than Certified Schools	4	3	7
		Not at School	1	3	4
	Crippling due to Tuberculosis.	Attending Public Elementary Schools	13	15	28
		Attending Certified Schools for Physically Defective Children	1	1	2
		In Institutions other than Certified Schools	3	4	7
		Not at School	15	6	21
	Crippling due to causes other than Tuberculosis, *i.e.* Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	47	58	105
		Attending Certified Schools for Physically Defective Children	...	...	...
		In Institutions other than Certified Schools	...	1	...
		Not at School	6	12	18

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN (*continued*).

			Boys.	Girls.	Total.
Physically Defective, *cont.*	Other Physical Defectives, *e.g.* delicate and other children suitable for admission to Open-air Schools. Children suffering from severe heart disease.	Attending Public Elementary Schools	38	36	74
		Attending Open-air Schools	...	...	...
		Attending Certified Schools for Physically Defective Children, other than Open-air Schools	...	...	...
		Not at School	21	21	42
Dull or Backward		Retarded 2 years	Not available		543
		Retarded 3 years	,,	,,	90

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN DURING 1922.

Period—January 1st, 1922, to December 31st, 1922.

A.—Treatment of Minor Ailments.

(Including Children discovered by School Nurses).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	*Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin				
Ringworm—Head ...	350	350		350
Ringworm—Body ...	37	37		37
Scabies	138	138		138
Impetigo	774	774		774
Minor Injuries ...	138	138		138
Other Skin Diseases ...	11	11		11
Ear Disease	43	43		43
Eye Disease	137	137		137
Miscellaneous	1565	1565		1565

*Treatment is demonstrated to the parents when necessary, and they carry out the treatment under the Nurse's supervision.

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN (*continued*).

B.—Treatment of Visual Defect.

Number of Children.									
Referred for Refraction.	Submitted to Refraction.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme-Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
1045	514	119	31	664	633	587	11	...	20
			Outstanding prior to 1922						
516	263	75	15	353	347	337	...	...	6
Total 1561	777	194	46	1017	980	924	11	...	26

C.—Treatment of Defect of Nose and Throat.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme-Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
536	*a*68	37	105	...
	Outstanding prior to 1922			
628	31	44	75	1
Total 1164	98	80	180	1

*a*34 Vouchers for Operations in addition to the above were issued, but no report has been made as to whether the operation has been performed.

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN (*continued*).

D.—Treatment of Dental Defects.

Period—January 1st to 31st December, 1922.

1. *Number of Children dealt with.*

	Age Groups.								Total.
	5	6	7	8	9	10	11	12 and over.	
(*a*) Inspected by Dentists	23	1657	3235	3330	3503	2785	1104	2633	18270
(*b*) Referred for Treatment ...									14287
(*c*) Actually Treated ...									6247
(*d*) Re-treated*									3261

*Included in (*c*).

2. *Particulars of Time given and of Operations undertaken.*

1	Number of half-days devoted to Inspection }	1573*a*
2	Number of half-days devoted to Treatment }	
3	Total Number of attendances made by Children	10114
4	Number of Permanent Teeth Extracted	651
5	Number of Permanent Teeth Filled	2267
6	Number of Temporary Teeth Extracted	10823
7	Number of Temporary Teeth Filled	2858
8	Total Number of Fillings	5125
9	Number of administrations of General Anaesthetics included in (4) & (6)	96
10	Number of other Operations—Permanent Teeth	827
11	Number of other Operations—Temporary Teeth	4052

*a*As Clinics are travelling ones, visiting in the main small Schools, it is not possible to separate time for inspections from time occupied by treatment.

TABLE V.—SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE 4 (A. B. C. D. & F., BUT EXCLUDING E).

Disease or Defect.	Number of Children.			
	Referred for Treatment, 1922.	TREATED.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	3193	3193	...	3193
Visual Defects	1045	633	31	664
Defects of Nose and Throat	536	68	37	105
Dental Defects	14287	6274	...	6274
Other Defects	645	..	252	252
Total	19706	10168	320	10488

TABLE VI.—SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1922.

1. The total number of children medically inspected at the routine inspections.*a*	Medical Dental	13698 18270
2. The number of children in (1) suffering from—		
Malnutrition		162
Skin Disease		113
Defective Vision (including Squint)		913
Eye Disease		227
Defective Hearing		3
Ear Disease		56
Nose and Throat Disease		1063
Enlarged Cervical Glands (non-Tubercular) ...		59
Defective Speech		16
Dental Disease		14287†
Heart Disease—		
Organic		7
Functional		49
Anaemia		121
Lung Disease (non-Tubercular)		63
Tuberculosis--		
Pulmonary definite		1
Pulmonary suspected		36
Non-Pulmonary		18
Disease of the Nervous System		11
Deformities		42
Other Defects and Diseases		257
3. The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment).		1410
4. The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	Medical Dental	2322 14287
5. The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	Medical Dental	1121 6274

a"Specials" are not included in this Table.
†Inspections by School Dentists.

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1922, TO DECEMBER, 1922.

A.—"Code" Groups.

	Entrants.					
Age	Under 12	12	13	14	Other Ages.	Total.
Boys	63	53	25	30	75	246
Girls	60	57	42	25	161	345
Totals ...	123	110	67	55	236	591

	Leavers.			Intermediate Groups.	Total.	Grand Total.
Age	15	16	Other Ages.	Yearly Examination.		
Boys	13	4	29	58	104	350
Girls	26	22	95	242	385	730
Totals ...	39	26	124	300	489	1080

B.—Special Inspections.

	Special Cases.	Re-examinations (*i.e.*, No. of Children Re-examined.)
Boys	—	104
Girls	16	240
Totals ...	16	344

C.—Total Number of Individual Children Inspected, whether as Routines or Specials.

No. of Individual Children Inspected.
1157

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1922.

Defect or Disease.	Routine Inspections.		Specials.	
	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	2	2	...	...
Uncleanliness:—Head	2	1	...	...
Eye:—				
Defective Vision	37	16	1	...
Other Conditions	11	9	...	...
Ear—				
Defective Hearing	1	2	...	...
Other Conditions	4	...	...	...
Nose and Throat—				
Enlarged Tonsils	13	3	...	...
Adenoids	1	1	...	...
Other Conditions	3	3	...	...
Defective Speech	1	1	...	...
Heart and Circulation—				
Heart Disease:				
Organic	...	...	...	
Functional	1	3	...	...
Anaemia	5	...	2	1
Lungs—				
Other Non-Tubercular Diseases ...	1	...	2	...
Deformities—				
Rickets	...	...	...	...
Spinal Curvature	...	...	...	...
Other Forms	2	1	...	...
Other Defects and Diseases	9	2	4	...
Number of Individual Children having Defects which required Treatment or to be kept under observation	...	102	...	11
		113		

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE VI.—SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1922.

1. The total number of children medically inspected at the routine inspections.*	1080
2. The number of children in (1) suffering from—	
Malnutrition	4
Skin Disease	—
Defective Vision (including Squint)	55
Eye Disease	20
Defective Hearing	3
Ear Disease	4
Nose and Throat Disease	24
Enlarged Cervical Glands (non-Tubercular) ...	—
Defective Speech	2
Dental Disease	—
Heart Disease—	
Organic	—
Functional	4
Anaemia	5
Lung Disease (non-Tubercular)	1
Tuberculosis—	
Pulmonary suspected	—
Pulmonary definite	—
Non-Pulmonary	—
Disease of the Nervous System	—
Deformities	3
Other Defects and Diseases	11
3. The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment).	34
4. The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	91
5. The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	

*Secondary Schools are not inspected by the School Dentists.